A History and Description of System of Care For Children and Their Families[1]

Children with serious emotional disturbance face challenges in many aspects of their daily lives—at home, in school, in social situations, and in the community. Given this, they need coordinated services and supports from a variety of child-serving agencies and located in the child's home community. Finally, they need a delivery system that supports the family's efforts to help their child be successful in as normal an environment as possible.

Hallmarks of the System of Care Approach

- *The mental health service system is driven by the needs and preferences of the child and family, using a strengths-based perspective.*
- *Family involvement is integrated into all aspects of service planning and delivery.*
- *The locus and management of services are built on multi-agency collaboration and grounded in a strong community base.*
- *A broad array of services and supports are provided in an individualized, flexible, coordinated manner and emphasize treatment in the least restrictive, most appropriate setting.*
- *The services offered, the agencies participating, and the programs generated are responsive to the cultural context and characteristics of the populations that are served*.

Historically, the vast majority of children with serious emotional disturbance and their families had little chance to have these needs met. The mental health service system was fragmented, services were provided either in inappropriately restrictive settings or not at all, and families were not part of the assessment, planning, or treatment process. Intense advocacy from family, community, and professional groups resulted in national policy initiatives, commissions, and seminal reports addressing these problems. Two early milestones were the 1978 President's Commission on Mental Health, Task Panel on Infants, Children and Adolescents and Jane Knitzer's *Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services*, published in 1982. In response to the many calls for action, Congress appropriated funds for a new children's mental health initiative in 1984, and the landscape of services for this population began to change.

Fundamental to this change, the Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA) has been actively transforming the way that children's mental health services are delivered, using a ***System-of-Care*** philosophy and approach. Beginning with a funding mechanism to support the creation of a service system infrastructure called the Child and Adolescent Service System Program (CASSP) and progressing to the funding of services, CMHS has supported the development of community-based, family-focused service delivery systems providing a comprehensive spectrum of

[1] Excerpted from the *Annual Report to Congress on the Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program*, Center for Mental Health Services Substance Abuse and Mental Health Services Administration U.S. Department of Health and Human Services SAMHSA Web Center for Mental Health Services (CMHS). 3/2001.

mental health and other service supports, and enabling children with mental health needs to remain within their homes and communities. Funding for the development of systems of care is provided through the CMHS Comprehensive Community Mental Health Services for Children and Their Families Program.

The Comprehensive Community Mental Health Services for Children and Their Families Program promotes the provision of mental health services within the context of a System of Care that weaves mental health and other supports into a coordinated fabric of services to meet the diverse, highly individual, and changing health, educational, and supportive needs of children and adolescents with severe emotional disturbance. The system-of-care model is based on a philosophy built on three hallmark tenets: (1) mental health service systems are driven by the needs and preferences of the child and family; (2) services are community based; their management is built on multi-agency collaborations; and (3) the services offered, the agencies participating, and the programs generated to meet the mental health needs of the children are both responsive and sensitive to the cultural context and other characteristics of the populations being served.

To develop a System of Care consistent with the theoretical model described above, a community must focus its developmental and program activities at two distinct levels: (1) *infrastructure* to house, organize, coordinate, and manage the integration and conduct of program elements; and (2) *service delivery* to undertake the services and interventions that directly serve and involve children and families.

The Comprehensive Community Mental Health Services for Children and Their Families Program provides grants to States, communities, territories, and Native American Tribes and tribal organizations to improve and expand local systems of care designed to meet the individualized needs of the estimated 4.5 to 6.3 million children and adolescents with a serious emotional disturbance and their families. The program is administered by the Child, Adolescent and Family Branch of the Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Congress first authorized it in fiscal year 1992 under section 561 of the Public Health Service Act, as amended.

BUILDING A SYSTEM OF CARE

To develop a System of Care consistent with the theoretical model described above, communities and States must focus their developmental and program activities at two distinct levels: (1) *infrastructure* to house, organize, coordinate, and manage the integration and conduct of program elements; and (2) *service delivery* to undertake the services and interventions that directly serve and involve children and families.

A wide variety of partners must be enlisted to build a foundation to support children, families, and communities within a system-of-care framework. Together, the partners craft a System of Care using a set of guiding principles that serve as building blocks (see Figure 1). As the first two layers of building blocks in the

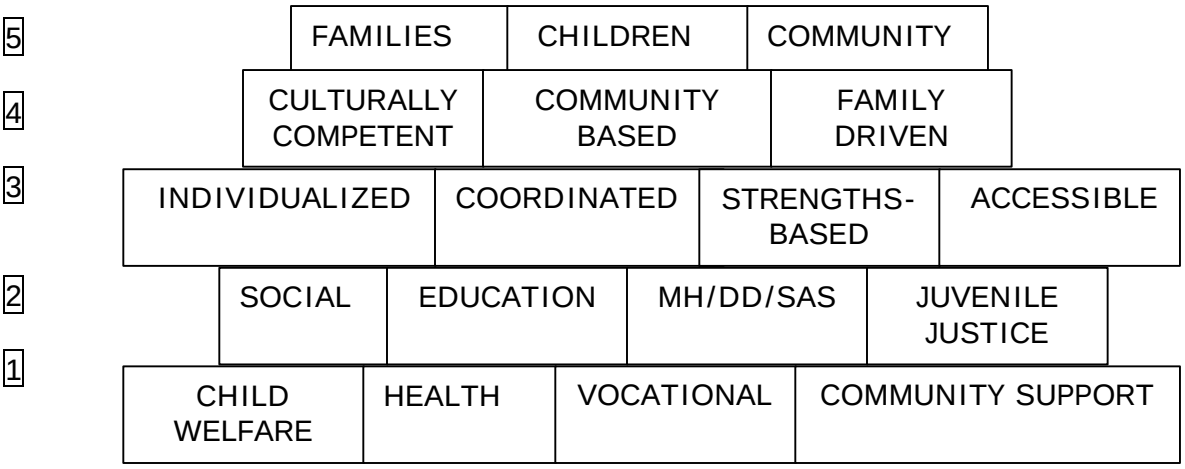
illustration indicate, a fully implemented System of Care offers a diverse **array of mental health and non-mental health services and supports**: social, educational, mental health, juvenile justice, recreational, vocational, health, substance abuse, and 'informal' community supports. Fundamental to the system-of-care approach is a move away from service systems with an over-reliance on a limited set of choices, particularly on inappropriately restrictive care. Instead, systems rely on a broad range of services and informal community supports that can be matched to the needs of specific children and families. Services are provided by a variety of public and private agencies and organizations. Providers in the System of Care have a shared vision of the aims and purposes of the system, which is manifested in policies and procedures, decision-making, and service delivery. See Attachment A for examples of services and supports.

The third layer represents the **essential characteristics of services** provided. Services are individualized—designed for and tailored to the particular **strengths and needs of individual families.** Children are not placed in a program simply because a "slot" is available or because a treatment protocol indicates a certain therapy. A **Child and Family Team** consisting of family members, cross-disciplinary service providers representing multiple agencies, and others who provide support and resources for the family devise a detailed and highly individualized service plan with specific, achievable, strengths-based behavior and treatment goals. This plan guides service provision and delivery and coordinates the work of the various participants using a wraparound approach. Finally, services are accessible to families. They are offered at convenient times and locations, and the system actively works to eliminate language, financial, and other barriers to service.

A fully implemented System of Care coordinates services through agreed-upon eligibility criteria and shared intake processes, systematic information sharing, routine updates and recording of all services received, and the institutionalization of sharing the service plan across agencies. This requires changes in policy and regulations. A **State Collaborative**, comprised of heads of child serving agencies, families, advocates and other stakeholders provides the leadership necessary to marshal resources, reduce barriers, blend or 'braid' funding streams, integrate and alter policies and procedures needed to promote implementation of local Systems of Care. **Memorandum of Agreements** among child-serving agencies at the State and local level help clarify roles, responsibilities and ensure coordination and accountability. Mechanisms to provide a source of **decategorized funds** to Child and Family Teams are essential to facilitate wraparound approaches necessary to fill in gaps between formal services and fully individualize care.

All services and service delivery practices are influenced by the **essential characteristics of the System of Care**, as represented by the fourth layer. A family-driven system reflects this attribute at all levels. It incorporates the family as the service provision unit and uses a broad definition of family so that non-custodial caregivers are involved in services. Families are full partners in their service planning; their opinions and suggestions are given the same respect as those of system staff.

Figure 1
Building Blocks of a System of Care



Families also have a voice in system decisions. They are represented in decision-making bodies, with voting rights when relevant. Further, if necessary, families are provided with the training and support they need to be full participants on interagency teams and boards. Feedback is actively sought from families as a means of enhancing accountability and making mid-course corrections in system management. Finally, the System of Care promotes the development of family advocacy capacity and family empowerment.

Cultural competence is reflected in the System of Care's sensitivity and responsiveness to the cultural needs of children and families and to their needs with regard to race, religion, national origin, sex, physical disability, and other community-specific characteristics. Cultural competence is formalized throughout the system: in policies, procedures, outreach and advocacy efforts, training, the array of services, the service delivery framework, and the recognition of the importance of existing community support networks such as churches, extended kinship networks, and social organizations. Staff and service providers are knowledgeable, skilled, and aware of cultural issues within the diversity of their community.

The locus of decision-making in a fully implemented System of Care is the community through a **Community Collaborative**. Decisions about the array of services and the organization of services are made in the community, reflecting its values, resources, needs, and limitations. Agency program directors, decision-makers in community organizations, families, and other community stakeholders are called on to participate in the System of Care, which they do by supporting Child and Family Teams to obtain needed resources, identifying and making decisions about service gaps, blending funds to maximize resources, identifying and addressing training needs to build local capacity, and ultimately, by holding each other accountable to meet the needs of their children and families. The Community Collaborative receives support and resources from the State Collaborative.

The principles of family driven, community based, and culturally competent are interconnected. As a System of Care becomes family driven and community based, its level of cultural competence increases. As providers and families meet in the community—whether for a play therapy session at the neighborhood center, at a board meeting, or at the annual family fair—relationships, at first tenuous, are cemented; respect and trust mature through genuine understanding of individual circumstances; appreciation grows for each others' cultures.

Finally, children, families, and the community comprise the fifth layer, simultaneously supported by the system and integral to the system. Education and training form the mortar that holds the system together. Many system-of-care principles represent a significant departure from the medical model of treating children. Significant adjustments to traditional approaches and standard operating procedures are required of virtually every participant in the System of Care. Frequently, families must learn to express their opinions, just as staff must learn to comprehend, appreciate, and fully integrate families' perspectives. Such change does not come quickly or easily and does not perpetuate itself without substantial, continual investment in human resource development.

VALUES AND PRINCIPLE OF SYSTEMS OF CARE

The System of Care is based on a set of core values and principles that operate at the practice/service level (through Child and Family Teams), the community program level (through Community Collaboratives), and at the system/policy level (through a State Collaborative).

Core Values – systems of care are:

- child-centered, family focused, and family driven;
- community-based; and
- culturally competent and responsive.

Principles – systems of care provide for:

- service coordination or case management;
- prevention and early identification and intervention;
- smooth transitions among agencies, providers, and to the adult service system;
- human rights protection and advocacy;
- nondiscrimination in access to services;
- a comprehensive array of services and supports;
- individualized service planning;
- services in the least restrictive environment;
- family participation in ALL aspects of planning, service delivery, and evaluation; and
- integrated services with coordinated planning across the child-serving systems.

ATTACHMENT A

A fully developed System of Care would typically include the following array of services[2] and supports:

- **Assessment:** A professional review of a child's and family's needs that is done when they first seek services from a caregiver. The assessment of the child includes a review of physical and mental health, intelligence, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the caregiver and family decide what kind of treatment and supports, if any, are needed.
- **Crisis Residential Treatment Services:** Short-term, round-the-clock help provided in a non-hospital setting during a crisis. For example, when a child becomes aggressive and uncontrollable despite in-home supports, the parent can have the child temporarily placed in a crisis residential treatment service. The purpose of this care is to avoid inpatient hospitalization, to help stabilize the child, and to determine the next appropriate step
- **Case Management:** A service that helps people arrange appropriate and available services and supports. As needed, a case manager coordinates mental health, social work, education, health, vocational, transportation, advocacy, respite, and recreational services. The case manager makes sure that the child's and family's changing needs are met.
- **Day Treatment:** Day treatment includes special education, counseling, parent training, vocational training, skill building, crisis intervention, and recreational therapy. It lasts at least 4 hours a day. Day treatment programs work with mental health, recreation, and education organizations and may be provided by them.
- **Family Support Services:** Help designed to keep the family together and to cope with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parent training, crisis services, and respite care.
- **Home-Based Services:**
  Help provided in a family's home for either a defined time or for as long as necessary to deal with a mental health problem. Examples include parent training, counseling, and working with family members to identify, find, or provide other help they may need. The goal is to prevent the child from being placed out of the home. (Alternate term: in-home supports.)

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[2] *Glossary of Children's Mental Health Terms* - The terms in this glossary describe ideal services. This help may not be available in all communities. The Comprehensive Community Mental Health Services for Children and Their Families Program, administered by the Center for Mental Health Services (CMHS), has approximately 40 grantees in about 25 States that are demonstrating these services. http://www.samhsa.gov/centers/cmhs/cmhs.html

- **Independent Living Services:** Support for a young person in living on his or her own and in getting a job. These services can include therapeutic group care or supervised apartment living. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others.
- **Inpatient Hospitalization:** Mental health treatment in a hospital setting 24 hours a day. The purpose of inpatient hospitalization is: (1) short-term treatment in cases where a child is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.
- **Residential Treatment Centers:** Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with serious emotional disturbances receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than inpatient hospitalization. Centers are also known as therapeutic group homes.
- **Respite Care:** A service that provides a break for parents who have a child with a serious emotional disturbance. Some parents may need this help every week. It can be provided in the home or in another location. Trained parents or counselors take care of the child for a brief period of time. This gives families relief from the strain of taking care of a child with a serious emotional disturbance.
- **Therapeutic Foster Care:** A home where a child with a serious emotional disturbance lives with trained foster parents with access to other support services. These foster parents receive special support from organizations that provide crisis intervention, psychiatric, psychological, and social work services. The intended length of this care is usually from 6 to 12 months.
- **Therapeutic Group Homes:** Community-based, home-like settings that provide intensive treatment services to a small number of young people (usually 5 to 10 persons). These young people work on issues that require 24-hour-per-day supervision. The home should have many connections within a System of Care. Psychiatric services offered in this setting try to avoid hospital placement and to help the young person move toward a less restrictive living situation.
- **Transitional Services:** Services that help children and families come into or leave the service system. Help includes active linkages with primary health care providers, day care centers, schools, independent living services, supported housing, vocational services, and a range of other support services.
- **Wraparound:** A "full-service" approach to developing help that meets the unique and changing needs of individual children and their families. Children and families may need a range of community supports and services to fully benefit from and ‘fill the gaps’ between formal agency services.